

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Restoration PAC

ADDRESS (number and street)

P.O. Box 4808

Check if different  
than previously  
reported. (ACC)

Oak Brook

IL

60522

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571588

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gaskill, Sherry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">669805.52</td></tr></table>	669805.52				
Y	Y	Y	Y	Y													
2016																	
669805.52																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">93860.44</td></tr></table>	93860.44															
93860.44																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">1584188.99</td></tr></table>	1584188.99					<table><tr><td colspan="5">1630971.24</td></tr></table>	1630971.24									
1584188.99																	
1630971.24																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">1678049.43</td></tr></table>	1678049.43					<table><tr><td colspan="5">2300776.76</td></tr></table>	2300776.76									
1678049.43																	
2300776.76																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">947449.29</td></tr></table>	947449.29					<table><tr><td colspan="5">1570176.62</td></tr></table>	1570176.62									
947449.29																	
1570176.62																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">730600.14</td></tr></table>	730600.14					<table><tr><td colspan="5">730600.14</td></tr></table>	730600.14									
730600.14																	
730600.14																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">5000.00</td></tr></table>	5000.00															
5000.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Restoration PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

1581699.99

1587733.31

## (ii) Unitemized .....

2489.00

13731.93

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1584188.99

1601465.24

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

0.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

1584188.99

1601465.24

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

29506.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

1584188.99

1630971.24

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1584188.99

1630971.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	115549.29	271654.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	115549.29	271654.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	831900.00	1298472.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	947449.29	1570176.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	947449.29	1570176.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1584188.99	1601465.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1584188.99	1601415.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	115549.29	271654.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	29506.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	115549.29	242148.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Considine, Terry, , ,

Mailing Address 4582 S Ulster St Parkway  
 #410

City  
 Denver

State  
 CO

Zip Code  
 80237

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Aimco

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2016

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goers, Ronald, , ,

Mailing Address 6700 RT 83

City  
 Darien

State  
 IL

Zip Code  
 60561

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Self-employed

Occupation (for Individual)  
 Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goodyear, Priscilla, , ,

Mailing Address 10042 Signet Circle

City  
 Huntington Beach

State  
 CA

Zip Code  
 92646

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goodyear, Priscilla, , ,**

Mailing Address 10042 Signet Circle

City  
Huntington Beach

State  
CA

Zip Code  
92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : SA11AI.5714**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haynes, Guy, , ,**

Mailing Address 26 Bassy St.

City  
Lebanon

State  
NH

Zip Code  
03766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016

**Transaction ID : SA11AI.5544**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hubbard, Stanley, S., ,**

Mailing Address 3415 University Avenue W

City  
Saint Paul

State  
MN

Zip Code  
55114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hubbard Broadcasting, Inc.

Occupation (for Individual)

Chairman/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : SA11AI.5718**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kline, Roy, , ,**

Mailing Address 10575 Dacre Place

City  
Lone Tree

State  
CO

Zip Code  
80124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WDG, LLC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2016

**Transaction ID : SA11AI.5709**

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rust, Robert, W., ,**

Mailing Address 1430 S. Dixie Highway  
Suite 31

City  
Coral Gables

State  
FL

Zip Code  
33146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.5748**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Sheila, , ,**

Mailing Address 34620 Clayton Rd

City  
Dade City

State  
FL

Zip Code  
33523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

**Transaction ID : SA11AI.5559**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20050.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Sheila, , ,

Mailing Address 34620 Clayton Rd

City  
Dade City

State  
FL

Zip Code  
33523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City  
Lake Forest

State  
IL

Zip Code  
60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2016

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period

1050000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City  
Lake Forest

State  
IL

Zip Code  
60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1550000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.5752

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

1550050.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walsh, Bob, , ,

Mailing Address 84 Waverly Avenue

City

Clarendon Hills

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1965

Occupation (for Individual)

Consultant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2016

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period

83.33

☐ Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walsh, Bob, , ,

Mailing Address 84 Waverly Avenue

City

Clarendon Hills

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1965

Occupation (for Individual)

Consultant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period

83.33

☐ Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walsh, Bob, , ,

Mailing Address 84 Waverly Avenue

City

Clarendon Hills

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1965

Occupation (for Individual)

Consultant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2016

Transaction ID : SA11AI.5726

Amount of Each Receipt this Period

83.33

☐ Memo Item  
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶

249.99

TOTAL This Period (last page this line number only).....▶

1581699.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

**A. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Road #650-1151

City  
AustinState  
TXZip Code  
78746Purpose of Disbursement  
Fundraising consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5793

Amount of Each Disbursement this Period

7600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Road #650-1151

City  
AustinState  
TXZip Code  
78746Purpose of Disbursement  
Travel expense reimbursement

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5795

Amount of Each Disbursement this Period

1444.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Brown Palace Hotel and Spa**

Mailing Address 321 17th Street

City  
DenverState  
COZip Code  
80202Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5795.

Amount of Each Disbursement this Period

1041.93

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9044.13

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Frontier Airlines**

Mailing Address 7001 Tower Road

City  
DenverState  
COZip Code  
80249Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5795.

Amount of Each Disbursement this Period

402.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Solutions**

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Office expense reimbursement

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5574

Amount of Each Disbursement this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Solutions**

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Website maintenance, email deployment

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5598

Amount of Each Disbursement this Period

2538.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2554.26

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

**A. Capitol Media Partners**

Mailing Address 2468 S. Camino Real

City  
Palm SpringsState  
CAZip Code  
92264Purpose of Disbursement  
Political strategy consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5596

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Capitol Media Partners**

Mailing Address 2468 S. Camino Real

City  
Palm SpringsState  
CAZip Code  
92264Purpose of Disbursement  
Political strategy consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5782

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5576

Amount of Each Disbursement this Period

100.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

10100.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	6		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5597**

Amount of Each Disbursement this Period

[REDACTED] 40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5778**

Amount of Each Disbursement this Period

[REDACTED] 40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Clear Creek Strategies**

Mailing Address PO Box 9865

City  
DenverState  
COZip Code  
80209Purpose of Disbursement  
Strategy consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5779**

Amount of Each Disbursement this Period

[REDACTED] 7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 7580.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Communications Counsel, Inc.**

Mailing Address 37 West Broad Street, Suite 325

City  
ColumbusState  
OHZip Code  
43215Purpose of Disbursement  
Polling expense

005

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	6		

FEC Identification Number

C

**Transaction ID : SB21B.5573**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Communications Counsel, Inc.**

Mailing Address 37 West Broad Street, Suite 325

City  
ColumbusState  
OHZip Code  
43215Purpose of Disbursement  
Polling expense

005

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	1	6		

FEC Identification Number

C

**Transaction ID : SB21B.5599**

Amount of Each Disbursement this Period

11250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Connell Donatelli, Inc.**

Mailing Address 117 North Saint Asaph St.

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Digital advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

FEC Identification Number

C

**Transaction ID : SB21B.5570**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

24750.00

**TOTAL** This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.5570

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Connell Donatelli, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

Mailing Address 117 North Saint Asaph St.

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Digital advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.5799**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Crowdskout**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

Mailing Address 1101 K St. NW, 8th Floor

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Software licensing

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.5569**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Crowdskout**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2016

Mailing Address 1101 K St. NW, 8th Floor

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Software licensing

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.5594**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1700.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.5799

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:  
Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Crowdskout**

Mailing Address 1101 K St. NW, 8th Floor

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Software licensing

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5659

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Crowdskout**

Mailing Address 1101 K St. NW, 8th Floor

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Software licensing

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5801

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Delos Communications**

Mailing Address 2700 Patriot Blvd., Ste. 250

City  
GlenviewState  
ILZip Code  
60026Purpose of Disbursement  
Strategic planning consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5567

Amount of Each Disbursement this Period

12000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12200.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

**A. Delos Communications**

Mailing Address 2700 Patriot Blvd., Ste. 250

City  
GlenviewState  
ILZip Code  
60026Purpose of Disbursement  
Strategic planning consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5591

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delos Communications**

Mailing Address 2700 Patriot Blvd., Ste. 250

City  
GlenviewState  
ILZip Code  
60026Purpose of Disbursement  
Software expense reimbursement

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5592

Amount of Each Disbursement this Period

168.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Delos Communications**

Mailing Address 2700 Patriot Blvd., Ste. 250

City  
GlenviewState  
ILZip Code  
60026Purpose of Disbursement  
Meal expense reimbursement

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5771

Amount of Each Disbursement this Period

75.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12243.15

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Delos Communications**

Mailing Address 2700 Patriot Blvd., Ste. 250

City  
GlenviewState  
ILZip Code  
60026Purpose of Disbursement  
Strategic planning consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

FEC Identification Number

C **Transaction ID : SB21B.5777**

Amount of Each Disbursement this Period

 12000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Downes and Associates**

Mailing Address 1560 West Briarwood

City  
LittletonState  
COZip Code  
80120Purpose of Disbursement  
Press release distribution

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

FEC Identification Number

C **Transaction ID : SB21B.5589**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. eDonation.com**

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22315Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2016

FEC Identification Number

C **Transaction ID : SB21B.5568**

Amount of Each Disbursement this Period

 292.37☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 17292.37

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. eDonation.com**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2016

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22315Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5595**

Amount of Each Disbursement this Period

128.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. eDonation.com**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22315Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5661**

Amount of Each Disbursement this Period

159.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gadsden Media Group**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

Mailing Address 3575 Maybank Highway  
Ste. D #253City  
John IslandState  
SCZip Code  
02945Purpose of Disbursement  
Advertising expense

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5587**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5288.01

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.5587

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:  
Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Grasshopper Group, LLC**

Mailing Address 197 1st Avenue, Suite 200

City  
NeedhamState  
MAZip Code  
02494Purpose of Disbursement  
Office expense

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				2	1						2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.5579

Amount of Each Disbursement this Period

31.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Grasshopper Group, LLC**

Mailing Address 197 1st Avenue, Suite 200

City  
NeedhamState  
MAZip Code  
02494Purpose of Disbursement  
Office expense

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8				2	2						2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.5636

Amount of Each Disbursement this Period

31.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Grasshopper Group, LLC**

Mailing Address 197 1st Avenue, Suite 200

City  
NeedhamState  
MAZip Code  
02494Purpose of Disbursement  
Office expense

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	8						2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.5802

Amount of Each Disbursement this Period

31.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

94.11

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Langdon Law LLC**

Mailing Address 8913 Cincinnati-Dayton Rd.

City  
West ChesterState  
OHZip Code  
45069Purpose of Disbursement  
Legal fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				2	1						2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.5580

Amount of Each Disbursement this Period

5850.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Langdon Law LLC**

Mailing Address 8913 Cincinnati-Dayton Rd.

City  
West ChesterState  
OHZip Code  
45069Purpose of Disbursement  
Legal fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	1						2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.5798

Amount of Each Disbursement this Period

2195.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Regus Management Group, LLC**

Mailing Address P.O. Box 842456

City  
DallasState  
TXZip Code  
75284Purpose of Disbursement  
Rent expense

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				2	8						2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.5586

Amount of Each Disbursement this Period

752.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8797.88

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

**A. Regus Management Group, LLC**

Mailing Address P.O. Box 842456

City  
DallasState  
TXZip Code  
75284Purpose of Disbursement  
Rent expense

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5657

Amount of Each Disbursement this Period

267.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Truax, Doug, , ,**

Mailing Address 1900 Spring Road, Ste. 530

City  
Oak BrookState  
ILZip Code  
60523Purpose of Disbursement  
Travel expense reimbursement

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5637

Amount of Each Disbursement this Period

983.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 7645 E 63rd St., Suite 600

City  
TulsaState  
OKZip Code  
74133Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5637.

Amount of Each Disbursement this Period

266.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1	2	5	1	.	1	4
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 7645 E 63rd St., Suite 600

City  
TulsaState  
OKZip Code  
74133Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	3					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.5637.1

Amount of Each Disbursement this Period

131.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Brown Palace Hotel and Spa**

Mailing Address 321 17th Street

City  
DenverState  
COZip Code  
80202Purpose of Disbursement  
Lodging expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	5					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.5637.3

Amount of Each Disbursement this Period

452.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Truax, Doug, , ,**

Mailing Address 1900 Spring Road, Ste. 530

City  
Oak BrookState  
ILZip Code  
60523Purpose of Disbursement  
Travel expense reimbursement

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	1					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.5783

Amount of Each Disbursement this Period

1341.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1341.84

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Renaissance Denver Hotel**

Mailing Address 3801 Quebec Street

City  
DenverState  
COZip Code  
80207Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2016

FEC Identification Number

C

Transaction ID : SB21B.5783.4

Amount of Each Disbursement this Period

525.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 7645 E 63rd St., Suite 600

City  
TulsaState  
OKZip Code  
74133Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2016

FEC Identification Number

C

Transaction ID : SB21B.5783.5

Amount of Each Disbursement this Period

173.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. United Airlines**Mailing Address 600 Jefferson St.  
Ste. 1900City  
HoustonState  
TXZip Code  
77002Purpose of Disbursement  
Travel expense

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2016

FEC Identification Number

C

Transaction ID : SB21B.5783.

Amount of Each Disbursement this Period

298.10

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. US Post Office**

Mailing Address 1314 Kensington Rd.

City  
Oak BrookState  
ILZip Code  
60523Purpose of Disbursement  
Office expense

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5578

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Veritas Risk Services**Mailing Address 3025 Highland Parkway  
Ste. 650City  
Downers GroveState  
ILZip Code  
60515Purpose of Disbursement  
Rent expense

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5655

Amount of Each Disbursement this Period

446.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Veritas Risk Services**Mailing Address 3025 Highland Parkway  
Ste. 650City  
Downers GroveState  
ILZip Code  
60515Purpose of Disbursement  
Rent expense

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5804

Amount of Each Disbursement this Period

446.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	2	9	2	.	4	0
1	1	5	2	9	.	2

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Restoration PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Right Country Lists

Nature of Debt (Purpose):  
List acquisition

Mailing Address 117 N Saint Asaph St

City

Alexandria

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6120

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

5000.00

2) **TOTALS** This Period (last page this line number only)..... ►

5000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 31 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Boulevard Design</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1320 N. Courthouse Rd. Suite 130			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 23 / 2016		
City Arlington		State VA	Zip Code 22201		Amount <span style="border: 1px solid black; padding: 2px;">20000.00</span>
Purpose of Expenditure TV Advertising			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>SE.5757</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 23 / 2016
Name of Federal Candidate: Glenn, Darryl, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">827900.00</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee <b>Campaign Solutions</b>			<input type="checkbox"/> Memo Item		
Mailing Address 117 North Saint Asaph Street			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2016		
City Alexandria		State VA	Zip Code 22314		Amount <span style="border: 1px solid black; padding: 2px;">1500.00</span>
Purpose of Expenditure Digital advertising (production cost)			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>SE.5758</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2016
Name of Federal Candidate: Glenn, Darryl, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">829400.00</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">21500.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gaskill, Sherry, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 31 / 2017		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 32 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Campaign Solutions</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
Mailing Address 117 North Saint Asaph Street			Amount <span style="border: 1px solid black; padding: 2px;">8500.00</span>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.5759</b>		
Purpose of Expenditure Digital advertising (production cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">837900.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jamestown Associates</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 23 / 2016		
Mailing Address 116 Craig Road			Amount <span style="border: 1px solid black; padding: 2px;">1900.00</span>		
City Manalapan	State NJ	Zip Code 07726	Transaction ID : <b>SE.5756</b>		
Purpose of Expenditure TV Advertising (production cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 23 / 2016		
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">807900.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">10400.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gaskill, Sherry, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 31 / 2017		



FEC Schedule E (Form 3X) Rev. 05/2016